

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/5/575753

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND. 4



TOTAL DEP. 58



TOTAL CLAIMS 62



	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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